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Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 19, 2001 8:00 am DOCUMENT # P98000021225 Secretary of State 1. Entity Name AMERICAN WORLD INVESTMENTS SERVICE ENTERPRISE, I 01-19-2001 90011 039 \*\*\*150.00 Principal Place of Business Mailing Address 4301 32ND STREET WEST P.O. BOX 49707 **BRADENTON FL 34205** SARASOTA FL 34230-6707 2. Principal Place of Business 3. Mailing Address EXCEMONT COURT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0825507 BARAS OT A Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIES IJNER PRETSCHNER, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 889 N. WASHINGTON BLVD. C/O KASS HODGES, P.A. SARASOTA FL 34236 City SARASO.TA 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001-Fee Will be \$550.00 Tax filing requirement and elects to do so-Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President - CEO = D CR2E034 (10/00) TITLE Delete TITLE Change Addition DANIEZ KIJNER, DANIEL NAME NAME KIJNER STREET ADDRESS 90, AVENUE LEDRU-ROLLIN STREET ADDRESS 4881 EBUEMONT COURT SARASOTA FL 34233 VICE-PRESIDENT SECRETHYSCHANGE KIJNER MONIQUE W CITY-ST-ZIP CITY-ST-ZIP 75011 PARIS TITLE ☐ Delete TITLE KIJNER, MONIQUE W NAME NAME 4881 EDGEMONT 90. AVENUE LEDRU-ROLLIN STREET ADDRESS COURT STREET ADDRESS CITY-ST-7IP 75011 PARIS CITY-ST-7IP ARASOTA TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR